

Client Satisfaction Survey

1. Agency Name: _____
2. Agency City: _____
3. How did you learn about these services?

| | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Brochure from agency listed above |
| <input type="checkbox"/> Pregnancy Care Provider | <input type="checkbox"/> Church |
| <input type="checkbox"/> Media (television, radio, newspaper) | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Adoption Agency | <input type="checkbox"/> Another agency: _____ |
| <input type="checkbox"/> School | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Hospital | |
4. Check the services that you received as a result of your participation with the Pregnancy Maintenance Initiative/Case Management.

| | |
|-----------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Prenatal Medical Care | <input type="checkbox"/> Adoption Guidance |
| <input type="checkbox"/> Medical Care (non-pregnancy related) | <input type="checkbox"/> Drug/Alcohol Assessment/Treatment |
| <input type="checkbox"/> Client <input type="checkbox"/> Infant | <input type="checkbox"/> Domestic Abuse Protection |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Alternative Education | <input type="checkbox"/> Parenting Education/Support |
| <input type="checkbox"/> Paternal Involvement Support | <input type="checkbox"/> Transportation |
5. How long did you wait for your first visit with the PMI case manager?

| | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 3 weeks |
| <input type="checkbox"/> 1 week | <input type="checkbox"/> 4 weeks or more |
| <input type="checkbox"/> 2 weeks | |
6. Did you have problems getting to the services (e.g., transportation, appointments conflicted with work schedule or school, child care)?

| | | |
|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Describe the problem: _____ |
| _____ | | |
7. Were the days and times for services good for you?

| | | |
|-----------------------------|------------------------------|-------------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | What days would have been better for you? _____ |
| _____ | | |
8. On the average, how long did you have to wait before you were seen by the case manager or other staff at this agency:

| | | |
|-----------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> less than 15 minutes | <input type="checkbox"/> 46 minutes - 1 hour | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> 1-2 hours | |
| <input type="checkbox"/> 31-45 minutes | <input type="checkbox"/> more than 2 hours | |

9. During your visits:

- Did the case manager carefully listen to you? ☐ Yes ☐ No
Did service providers carefully listen to you? ☐ Yes ☐ No
Do you feel you participated in the goal planning? ☐ Yes ☐ No
Were things explained in a way you could understand? ☐ Yes ☐ No

If you checked "no" to any of the above, please explain: _____

10. Did you feel you were fully informed of:

- Available services to continue your pregnancy? ☐ Yes ☐ No
Location of services? ☐ Yes ☐ No
Requirements of services? ☐ Yes ☐ No
Length of services during pregnancy and after? ☐ Yes ☐ No

11. If these services had been unavailable, what would you have done in relation to your pregnancy and other needs?

12. Would you recommend these services to a friend or relative? ☐ Yes ☐ No

13. How old are you?

- ☐ under 15 ☐ 15-17 ☐ 18-19 ☐ 20-24 ☐ 25-29
☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-54 ☐ 55 or older

14. What is your race?

- ☐ White ☐ Black or African American ☐ American Indian/Alaskan Native
☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other

15. Do you consider yourself to be of Hispanic origin? ☐ Yes ☐ No